

State of Michigan
Department of Civil Service
REGISTRATION FOR VETERANS' PREFERENCE
Applicant Assessment
P. O. Box 30002, Lansing, Michigan 48909

Print Name (First, Middle Initial, Last)			Applicant ID No. (If known)
Street Address			City
State	Zip Code + Four	Area Code/Telephone Number	Email Address

Civil Service Rule 3-8, *Veterans' Preference*, states that a veteran or spouse who possesses the minimum qualifications for the classification may be eligible for preference in consideration during the selection process for hire into the classified service. In order to receive veterans' preference, registration with the Michigan Department of Civil Service (MDCS) is required. Once registered, in order to compete for State of Michigan vacancies, you must go to the MDCS vacancy postings webpage and apply as instructed for any given vacancy. When you apply for vacancies, place a note at the top of your résumé that you are a veteran registered with the MDCS. Note: An applicant who is granted a preference is not guaranteed an appointment.

An eligible veteran is a person who (1) has 90 or more calendar days of active duty service in the Armed Forces of the United States, (2) was honorably discharged from active duty in the Armed Forces for the United States, and (3) has not retired from any uniformed service. Official military forms must be from the United States Department of Veterans' Affairs (DVA) and/or Department of Defense (DOD).

You must meet one of the following in order to be provided with the veterans' preference. Please mark as appropriate, and provide the noted documentation.

- ☐ **I am applying as an eligible veteran who has been released from active military duty within 5 years before the date of this application.** I have attached a photocopy of the DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form.
- ☐ **I am applying as an eligible, disabled veteran who has been released from active military duty within 5 years before the date of this application AND has been determined to be eligible for disability compensation by the DVA, DOD, or a branch of Armed Forces of the United States as the result of a service-connected disability.** I have attached a photocopy of the (1) DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form, and (2) documentation from the DVA or DOD of the current disability compensation or disability retirement pay.
- ☐ **I am applying as a spouse of an eligible disabled veteran with greater than 50 percent service-connected disability who was released from active military duty within 5 years of the date of this application.** I have attached a photocopy of the (1) DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form, (2) documentation from the DVA or DOD of current disability compensation or disability retirement pay, and (3) marriage certificate.
- ☐ **I am applying as an eligible surviving spouse of a veteran who was released from active military duty within 5 years before the date of this application.** I have attached a photocopy of the (1) DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form, (2) marriage certificate, and (3) spouse's death certificate.
- ☐ **I am applying as an eligible surviving spouse of a veteran who was released from active military duty within 5 years of the date of this application and has a child less than 18 years of age.** I have attached a photocopy of the (1) DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form, (2) marriage certificate, (3) spouse's death certificate, and (4) children's birth/adoption certificate(s) or proof of legal guardianship.
- ☐ **I am applying as an eligible surviving spouse of a veteran who was released from active military duty within 5 years of the date of this application and has continuing parental care of a disabled child.** I have attached a photocopy of the (1) DD Form-214-Member 4 Copy, NGB-22 Individual Copy 2, or equivalent DVA form, (2) marriage certificate, (3) spouse's death certificate, (4) child's birth/adoption certificate or proof of legal guardianship, and (5) documentation of the child's disability.

Signature	Date
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